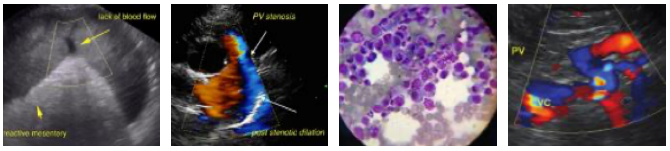
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Brewster Hernandez

SPECIES
Canine

BREED
Yorkshire terrier

SEX
Male, intact

AGE
14 Yrs.

WEIGHT
19.6 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Lefranc

INVOICE
14671

DATE
3/1/23

PRESENTING CLINICAL SIGNS

History: The patient presented as a referral for an abdominal ultrasound to evaluate the prostate and urinary system. PT presented on 2/22/23 to Vet at home with signs of urinating with blood with decreased frequency. Was referred to us for abdominal U/S.
Abnormal PE/Chem/CBC/UA Results: PE: non provided

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A >3 cm irregular echogenic, vascular mass is arising from the caudoventral wall. There is questionable extension of the mass into the cystourethral junction/trigonal region. The remaining bladder wall is normal in thickness. No cystic calculi are observed. The proximal urethra appears normal.

The prostate is enlarged (3.25 cm in width) with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance with numerous small, ill-defined cystic areas throughout the gland. The prostatic urethra is not overtly dilated.

The left kidney is normal size (5.50 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.56 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.50 cm at cranial pole) (0.80 cm at caudal pole) (1.97 cm in length) with slightly prominent caudal pole. The parenchyma at the caudal aspect is mildly heterogeneous. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

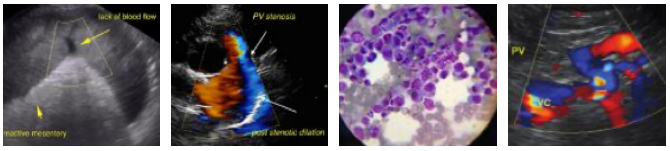
The right adrenal gland is mildly enlarged (0.63 cm at cranial pole) (0.59 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall



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bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. 1-2 prominent sublumbar lymph nodes are visualized, the largest measuring 0.43 cm in length. 1-2 prominent mesenteric lymph nodes are also seen, the largest measuring 0.43 cm in length.

Other

The testicles are subjectively normal in size (2.60 x 1.30 cm; 2.77 x 1.41 cm) and symmetrical with homogeneous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is suspected with a lower possibility of a focal inflammatory process.
- The prominent abdominal lymph nodes are likely reactive with a lower possibility of metastatic disease.

Secondary Findings:

- The prostate changes are consistent with cystic benign prostatic hyperplasia.
- Bilateral chronic renal changes with right dystrophic mineralization.
- Mild bilateral adrenomegaly.
- The mild hepatomegaly may be a normal variant for this patient or may represent an underlying hepatopathy (i.e., vacuolar, other). Correlation with the patient's liver values is recommended.
- Age-related pancreatic remodeling.

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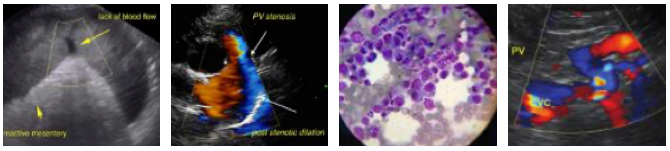

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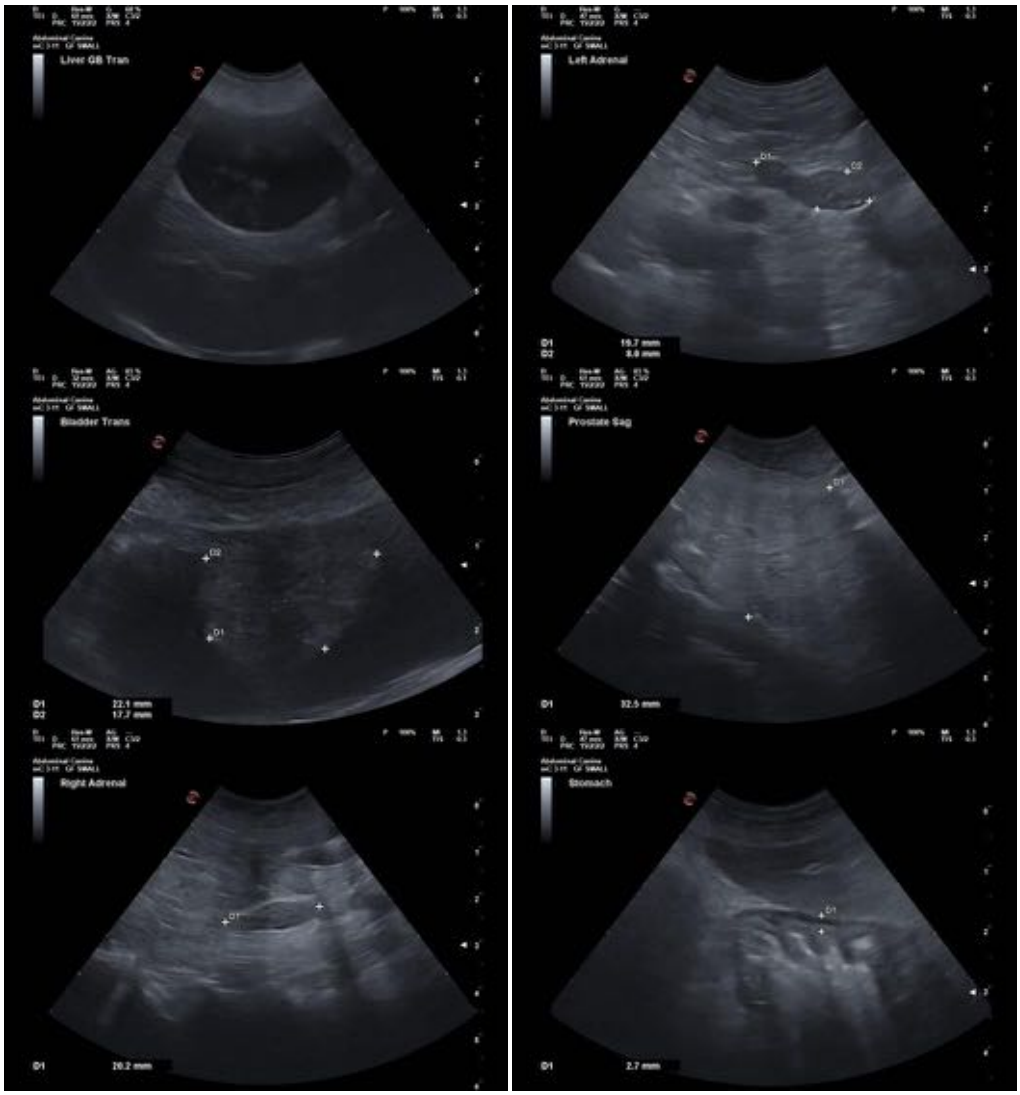
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test may be useful in further confirming lower urinary tract neoplasia. A positive result confirms cancer. However, a negative result does not completely rule out the possibility of neoplasia. If cancer is confirmed, consider initiation of Piroxicam +/- concurrent Misoprostol (stomach protectant). If more aggressive chemotherapy is desired, consider consultation with a board-certified oncologist.



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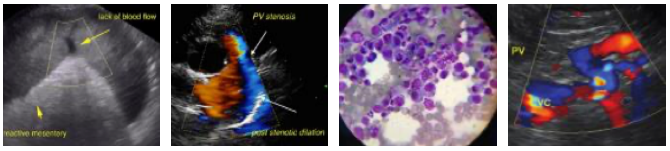

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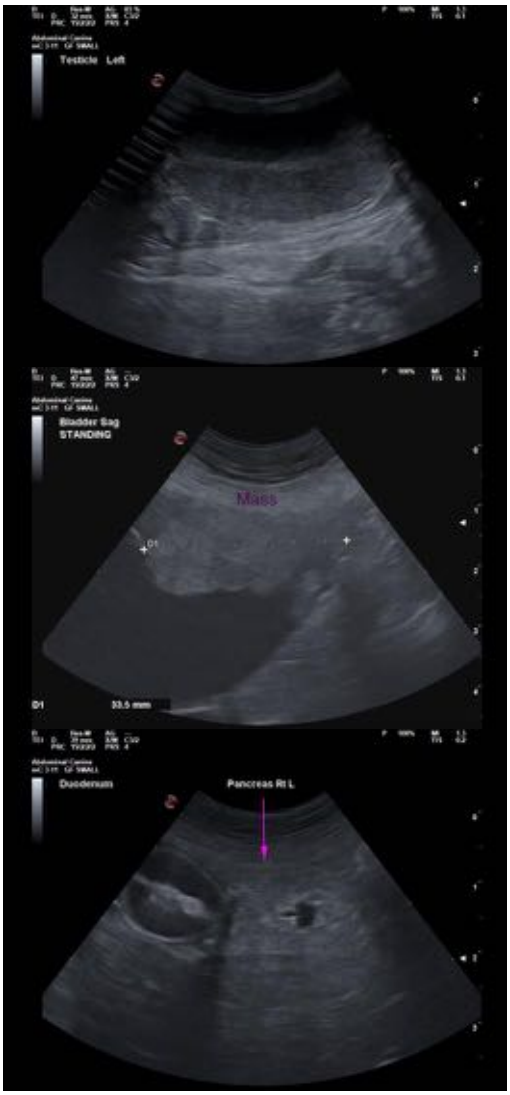

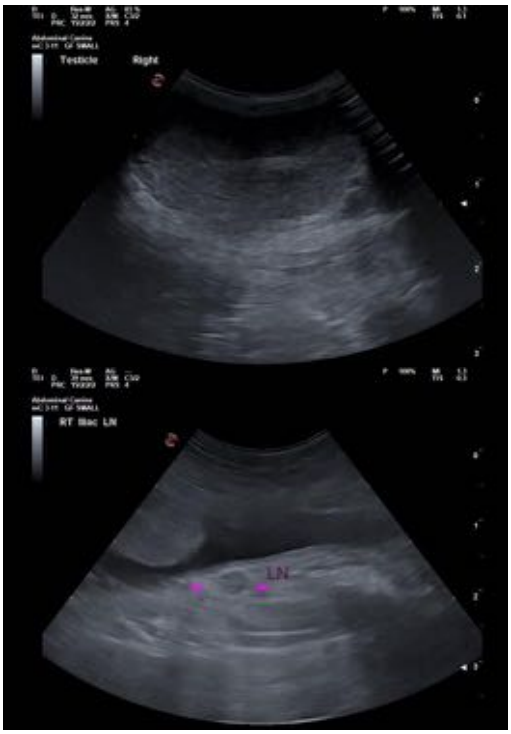

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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